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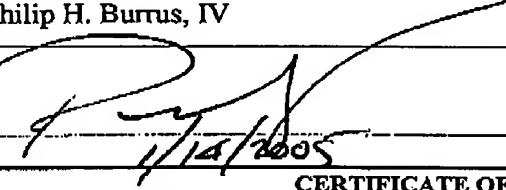
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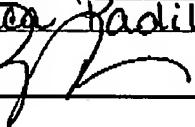
JAN 14 2005

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/737,021
		Filing Date	December 16, 2003
		First Named Inventor	Geren et al.
		Group Art Unit	2838
		Examiner Name	Tibbits, Pia
Total Number of Pages in this Submission	1		
	Attorney Docket Number	IS01378ESG	

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Philip H. Burrus, IV	Registration No.	45,432
Signature			
Date	1/14/05		

CERTIFICATE OF MAILING			
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Typed or printed name	Rebecca Padilla		
Signature		Date	1-14-05

PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27.TOTAL AMOUNT OF PAYMENT (\$)  
**110**

## Complete if Known

Application Number	<b>10/737,021</b>
Filing Date	<b>DEC 16, 2005</b>
First Named Inventor	<b>GEORGE ET AL.</b>
Examiner Name	<b>TIBBITS</b>
Art Unit	<b>2838</b>
Attorney Docket No.	<b>1501378ESC</b>

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-2117** Deposit Account Name: **MOTOROLA**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Fee (\$)	50	Small Entity Fee (\$)	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	Fee (\$)	200	Small Entity Fee (\$)	100
Multiple dependent claims	Fee (\$)	360	Small Entity Fee (\$)	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3					

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

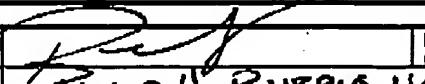
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **STATUTORY DECLAMATION FEE 1.32**

Fee Paid (\$)

SUBMITTED BY		Registration No. <b>45,932</b> (Attorney/Agent)	Telephone <b>770-338-3641</b>
Name (Print/Type)	<b>PHILIP H. BURRELL, IV</b>		
	Date <b>1/14/05</b>		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S.S.N. 10/737,021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*Serial No:* 10/737,021  
*Examiner:* Tibbits, Pia  
*Art Group:* 2838  
*Reference No.:* IS01378ESG  
*Appn. Filed:* December 16, 2003  
*Applicants:* Geren, Michael, et al.

*Title:* Power Fault Battery Protection Circuit

January 14, 2005

Commissioner for Patents  
P.O. Box 1450, Arlington, Virginia 22313-1450  
Box: Amendment

Sir:

This amendment is in response to an Office Action mailed January 10, 2005, a response thereto being due on or before April 10, 2005. In view of the remarks herein, Applicants respectfully request reconsideration of the above-identified patent application. The Commissioner is hereby authorized to charge any necessary fees, including fees for extensions of time, to Deposit Account Number 50-2117.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office, fax number 703-872-9306 on 1-14, 2005.

Printed Name: Rebecca Padilla

Signed Name: RP